

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10656616
APPLICANT(S) _____

FILING DATE 09-05-03

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND. <u>1</u>						
TOTAL DEP. <u>13</u>						
TOTAL CLAIMS <u>14</u>						
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TOTAL IND. <u>1</u>						
TOTAL DEP. <u>13</u>						
TOTAL CLAIMS <u>14</u>						